



Assessor Questionnaire

OMB No. 0693-0031

Expires: 12/31/2005

This survey is authorized under Executive Order 12862, "Setting Customer Service Standards." Your response is voluntary and all data collected will be considered confidential. Public reportings for this collection of information is estimated to average 5 minutes per response, including the time of reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this estimate or any other aspects of this collection of information, including suggestions for reducing the length of this questionnaire, to the National Institute of Standards and Technology, 100 Bureau Drive, Stop 3220, Gaithersburg, MD, 20899-3220 and the Office of Management and Budget Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Laboratory Name

NVLAP Lab Code

Assessor Name

Assessment Date(s)

Please provide NVLAP with your evaluation of the assessor by rating the following performance areas. Complete a separate questionnaire for each assessor. For any question rated Poor or Fair, comment below.

	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>
1. Familiarity with NVLAP accreditation procedures and requirements (NIST Handbook 150 series)	(1)	(2)	(3)	(4)	(5)
2. Knowledge of relevant assessment methods and techniques: examining, questioning, evaluating and reporting	(1)	(2)	(3)	(4)	(5)
3. Audit management skills: preparation, organization, and direction	(1)	(2)	(3)	(4)	(5)
4. Technical knowledge of specific tests or calibrations for which accreditation is sought and, where relevant, of the associated sampling procedures	(1)	(2)	(3)	(4)	(5)
5. Personal attributes: judgment, objectivity, maturity, interpersonal skills	(1)	(2)	(3)	(4)	(5)
6. Oral and written communication skills	(1)	(2)	(3)	(4)	(5)
7. Presentation of assessment findings and conclusions in a logical and orderly sequence and in appropriate depth (exit briefing and on-site assessment report)	(1)	(2)	(3)	(4)	(5)

8. Duration of assessment (number of hours at laboratory) _____

9. Comments (use back if needed): _____

Please return this questionnaire to NVLAP in the postage-paid envelope. Thank you very much!

FOR NVLAP USE ONLY

Reviewed by: _____ Date _____

Comments: _____